K092301

OCT 2 2 2009

EXHIBIT #1 Page 1 of 2

### 510(K) SUMMARY

This summary of 510(K) safety and effectiveness information is being submitted in accordance with requirements of SMDA 1990 and 21 CFR §807.92.

The assigned 510(K) number is:	
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### 1. Submitter's Identification:

Mr. Guixi Liu
Better Care Plastic Products Co., Ltd.
Fuqian Xi Road,
West district of Shenze Industrial Base,
Shenze County, Hebei Province 050000
Date Summary Prepared: June 30, 2009

### 2. Name of the Device:

Better Care Plastic Products Co., Ltd.
Powder Free Vinyl Patient Examination Gloves, (Yellow, white, blue, pink)

### 3. Predicate Device Information:

Shijiazhuang Great Eagle Plastic Products Co., Ltd Powder-Free (Yellow) Vinyl Patient Examination Gloves (K992861)

### 4. Device Description:

Classified by FDA's General and Plastic Surgery Device panel as Class I, 21 CFR 880.6250, Power Free Vinyl Patient Examination Gloves, (Yellow, white, blue, pink), 80 LYZ, and meets all requirements of ASTM standard D-5250-06e1.

### 5. Intended Use:

A patient examination glove is disposable device intended for medical purpose that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

### 6. Comparison to Predicate Devices:

Better Care Plastic Products Co., Ltd.'s Powder Free Vinyl Patient Examination Gloves, (Yellow, white, blue, pink) is substantially equivalent in safety and effectiveness to the Shijiazhuang Great Eagle Plastic Products Co., Ltd.'s Powder-Free (yellow) Vinyl Patient Examination Gloves.

# 7. <u>Discussion of Non-Clinical Tests Performed for Determination of Substantial Equivalence are as Follows:</u>

The standards used for Better Care Plastic Products Co., Ltd.'s glove production are based on ASTM-D-5250-06e1. All testing meets requirements for physical and dimensions testing conducted on gloves. Inspection level S-2, AQL 4.0.

The FDA 1000 ml. Water Fill Test was also conducted with samplings of AQL 2.5, inspection level I, meeting these requirements.

Primary Skin Irritation and Skin Sensitization (allergic contact dermatitis) testing was conducted with results showing no primary skin irritant or sensitization reactions.

A Residual Powder Test that based on ASTM D-6124-06 for powder at finished inspection is conducted to insure that our gloves meet our "powder-free" claims (contain no more than 2 mg powder per glove).

### 8. Labeling:

There are no special labeling claims and we do not claim our gloves as hypoallergenic on our labels.

### 9. Discussion of Clinical Tests Performed:

Not Applicable – There is <u>no</u> hypoallergenic Claim.

#### 10. Conclusions:

Better Care Plastic Products Co., Ltd.'s Powder Free Vinyl Patient Examination Gloves, (Yellow, white, blue, pink) conform fully to ASTM D-5250-06e1 standard as well as applicable 21 CFR references, and meets pinhole FDA requirements, biocompatibility requirements and labeling claims as shown by data in Section 7. There are no safety/efficacy issues or new claims from the "substantial equivalence" products cited.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room W-066-0609 Silver Spring, MD 20993-0002

OCT 2 2 2009

BetterCare Plastic Products Company, Limited C/O Ms. Jie Liu
Project Manager
Surprotect, Incorporated
3973 Schaefer Avenue
Chino, California 91710

Re: K092301

Trade/Device Name: Powder Free Vinyl Patient Examination Gloves, (Yellow, White,

Blue, Pink)

Regulation Number: 880.6250

Regulation Name: Patient Examination Gloves

Regulatory Class: I Product Code: LYZ Dated: October 14, 2009 Received: October 15, 2009

### Dear Ms. Liu:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to

http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Centhum 19, arm bon Susan Runner, D.D.S., M.A.

Acting Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

Center for Devices and
Radiological Health

Enclosure

### Attachment A

## INDICATION FOR USE

510 (k) NUMBER (IF KNOW): APPLICANT:	Retter Care Plasti	c Products Co., Ltd.		
DEVICE NAME:	Powder Free Vinyl Patient Examination Gloves, (Yellow,			
	White, Blue, Pink	<u>가</u>		
INDICATIONS FOR USE:			•	
A patient examination glove is a worn on the examiner's hand or examiner.	disposable device finger to prevent	intended for medical purpose that contamination between patient ar	is id	
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livision Sign-Off)	lo a nitra l			
ivision of Anesthesiology, General F fection Control, Dental Devices	icabitai			
10(k) Number: <u>K 092</u> S	30/			
Prescription Use	OR	Over-The-Counter-Use √ (Optional Format 1-2-96)	·	
(Per 21 CFR 801.109)		Optional Format ( 2 %)	,	
		•		
(PLEASE DO NOT WRITE BELOV	W THIS LINE-CONT	INUE ON ANOTHER PAGE IF NEED	ÆD.)	
Concurrent of	CDRH, Office of	Device Evaluation (ODE)		